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Paper title: Queer, visible, present: the visibility of older LGB adults in long-term care environments.

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Structured abstract

Purpose (mandatory)

This paper is a conceptual discussion of the ways in which the diverse lives, identities and collective politics of lesbian, gay and bisexual (LGB) people can be made visible, and how they are made visible, in long-term care environments for older people. The purpose is to problematise strategies of visibility as methods for promoting social inclusion in care environments.

Design/methodology/approach (mandatory)

This is a conceptual discussion that draws on several social theorists that have previously discussed the politics of visibility, knowledge and sexuality.

Findings (mandatory)

Promoting increased visibility in itself does not fully grapple with the ways in which older LGB can be represented and known as particular kinds of sexual citizens. This potentially curtails a more holistic recognition of their needs, interests and wishes, inclusive of their sexual lives and histories. Making LGB lives visible in care environments may not always be a productive or affirmative strategy for dismantling homophobic views and beliefs.

Research limitations/implications (if applicable)

Practical implications (if applicable)

The theoretical implications of a politics of visibility warrants a deeper consideration of strategies for promoting visibility. The paper concludes with a discussion of some of the practical implications for rethinking strategies of visibility in care environments.

Social implications (if applicable)

Originality/value (mandatory)

Critical discussions about the application of visibility strategies, and the problematic assumptions contained within such strategies, are lacking in relation to mainstream housing and care provision for older LGB people. This paper seeks to initiate this important discussion.

Title: Queer, visible, present: the visibility of older LGB adults in long-term care environments.

Introduction

This paper is a conceptual discussion of the ways in which the diverse lives, identities and collective politics of lesbian, gay and bisexual (LGB) people can be made visible, and how they are made visible, in long-term care environments for older people. There is an increasing number of practice guidance documents and reports that point to the importance of making LGB identities, relationships and histories visible and therefore recognised in care environments as a strategy for achieving equality of care and enhancing responsiveness to LGB individuals from care staff and their managers and leaders. However, there is limited engagement with critical discussions about proposed strategies of visibility. This paper serves as a launch pad for opening up discussions about the criticality of visibility. I contend that promoting increased visibility alone does not fully grapple with the ways in which older LGB people can be represented and known as particular kinds of sexual citizens. Making LGB identities visible in care environments may not always be a productive or affirmative strategy for increasing recognition of equal rights or for dismantling homophobic views. I approach this topic through the work of key social theorists who have discussed the politics of visibility and its linkages with issues of knowledge, power and sexuality: Michel Foucault, Gail Mason and Dharman Jeyasingham.

Throughout this paper I refer to 'LGB' identities with a prime focus on issues of sexual identity, social inclusion and the delivery of inclusive care. I acknowledge this is a problematic abbreviation, not least because some older adults may experience same-sex relationships and desires across their life-course but may not associate their individual selves with these identity markers. As other authors have noted (Cronin *et al.*, 2012), these singular

categories often fail to reflect the diversity of older LGB people's lived experiences. Putting these limitations to one side, this abbreviation serves as a pragmatic reference point that maintains a focus on sexual identity and the experiences of older adults whose life-histories have diverged from heterosexual milestones and expectations. Where other sources indicate additional groups, such as trans older people, I also indicate this.

At the time of writing this paper, a new extra care project for older LGB (and 'T') people in Manchester, England has been announced; this indicates the UK is starting to catch up with other Western European nations in providing LGBT-specific housing and care environments for older people (Ross, 2016). Here, I concentrate on the inclusion of older LGB people in mainstream care environments; a current reality for many older LGB people who are no longer able to live independently in the community. The King's Fund (Humphries *et al.*, 2016) have recently reported on the financial challenges currently facing social care provision in England, including long-term care services for older people. In numerous ways this is a socioeconomic and political issue as 'access to care depends increasingly on what people can afford – and where they live – rather than on what they need' (Humphries *et al.*, 2016, p. 4). Unless older LGB people have sufficient finances to fund their own care or reside in an area where there is a range of service providers available, their choices may be highly limited. Within mainstream environments, LGB residents have few choices about who they live with. Equally, they may have little control over the ways in which other residents express their beliefs and values on issues of sexual diversity and difference. Social inclusion within long-term care environments is therefore a paramount issue for ageing and housing studies alike.

Background context: invisible lives in long-term care

The basis for this discussion lies in recognising the shadow of invisibility that has accompanied many older LGB people's lives. To be hidden from recognition can be marker of older LGB people's life stories; as Traies (2012) notes in reference to older lesbian's lives, 'the situation is complicated further if the people we are trying to see are not only hidden, but hiding' (p. 68). A frequently reported concern from older LGB adults is their perceived vulnerability in being 'out' to others in their local communities, at work and in health and social care settings (Heaphy & Yip, 2006; Stonewall, 2011; Stein & Almack, 2012; Almack *et al.*, 2015; Fredriksen-Goldsen *et al.*, 2017). In the UK, this is hardly surprising when taking into account that older LGB people born prior to 1950 will have experienced early adulthood during decades when homosexual relationships (between men) were criminalised prior to legal change in 1967, homosexuality was pathologised as a mental disorder, and same-sex relationships were subject to moral condemnation and afforded no legal protection or recognition by the state. Fredriksen-Goldsen *et al.* (2017, p. S16) note the variations in life-experiences across generations of older LGB people: the 'Invisible Generation' who grew up during the Second World War; the 'Silenced Generation' of the late 1940s and 1950s prior to decriminalisation of homosexuality; and, the 'Pride Generation' who grew up during the 1960s and 1970s as the gay rights movement was mobilising and gaining momentum across economically-advantaged nations.

The status of invisibility is also accentuated through the metaphor of the closet. In modern Western cultures, the closet has symbolised a space of shelter from homosexual oppression (sometimes referred to as homophobia and heterosexism). The contradictions of the closet as a space of supposed shelter and protection has been critically discussed by post structural thinkers Eve K Sedgwick and Judith Butler. According to Sedgwick (1990, p. 71) the closet represents the 'defining structure for gay oppression' in the twentieth century and consequently a 'fundamental feature of social life' for many gay people. This metaphor

hinges on the binary distinction between heterosexuality and homosexuality that saturates so much of late modern knowledge and social and cultural relations. The closet is also an inescapable space as each new encounter with an unfamiliar person brings with it the potential presumption of heterosexuality, as whimsically described by Sedgwick (1990): ‘...the deadly elasticity of heterosexist presumption means that, like Wendy in *Peter Pan*, people find new walls springing up around them even as they drowse’ (p. 68). In earlier work Butler (1991) has questioned the notion of coming out of the closet and making oneself visible as ‘lesbian and gay’. In particular, Butler has queried the premise of swapping one identity (heterosexual) for another (in this case ‘L’, G’, or ‘B’) and the ways in which identity categories continue to exclude those who are seen not to belong within category borders while continuing to render other aspects of people’s sexual lives invisible or unknown. LGB individuals rarely live either in or out of the closet but rather negotiate its metaphorical walls daily (Mason, 2002). In this sense, the closet can be experienced as an unstable and unreliable space for sustaining invisibility.

While older LGB people may not be ‘out’ in long-term care environments, they are still susceptible to the assumptions and perceptions of others, including other residents and staff, who pick up on subtle signifiers of social and sexual difference or hone in on variations in the ways in which individuals may express and present their gender identity. Westwood (2016) discusses older LGB adults’ concerns about ‘risky visibility’ – the ways in which being known as ‘LGB’ in care settings may generate homophobic expressions from others. More recently, Leyerzapf *et al.* (2016) bring attention to the ways in which older LGBT people in long-term care environments are ‘categorised’ on the basis of social and sexual difference while also being rendered ‘hyperinvisible’. Their research is notable for the inclusion of residents’ voices, both heterosexual and LGB older adults.

Research findings from across nations, including Australia and the United States, indicate that the prospect of moving into and residing in long-term care environments evokes a number of anxieties for older LGB adults. One key concern is the imperative to feel safe about ‘coming out’ and identifying LGB identities to other residents and staff (Barrett 2008; Bauer, Nay & McAuliffe 2009). Other concerns include: fear of prejudicial treatment from staff (Hughes, 2009; Higgins *et al.*, 2011), anticipating rejection and social isolation (Stein, Beckerman & Sherman, 2010; Willis *et al.*, 2016b), worries about having to hide aspects of one’s life from others (Stonewall, 2011) and, LGB lives not being recognised across policy and organisational life (Phillips & Marks, 2006). Older LGB people in Great Britain lack confidence in health and social care services, including housing, and report previous experiences of discrimination from health and social care providers. Unsurprisingly, there is an expressed reluctance to ‘come out’ to care staff and professionals (Stonewall, 2011). Survey findings capturing the views and attitudes of care home staff and managers across England and Wales suggest some staff knowledge of LGBT issues but limited engagement with training specific to LGBT and indeed, sexuality issues (Simpson *et al.*, 2016; Willis *et al.*, 2016a).

Practice context: how to make older LGB lives more visible

The seeds for this paper lie in a research project I led between 2011 and 2013 into the inclusion of older LGB adults in residential and nursing homes in Wales. This was a mixed-methods study that aimed to examine the views and attitudes of care staff and their managers towards LGB-identifying older adults (through self-completed questionnaires and focus groups) and to explore the wishes and preferences of older LGB adults about the prospect of residing in long-term care (through interviews). The findings are reported elsewhere (*see*

Willis *et al.*, 2016a; Willis *et al.*, 2016b). Part of the research involved focus groups with stakeholder groups to capture their views on promoting the rights and recognition of older LGB adults – stakeholders included representatives from older people’s human rights and equality groups and independent housing organisations. A total of 20 stakeholders took part (9 men, 11 women) and over half the group members identified as lesbian, gay or bisexual. This is perhaps to be anticipated, given the topic and the size of the sector in Wales as a small nation. Two particular topics stood out from these discussions. The first was the degree of concern expressed by stakeholders for the ways in which older LGB residents may be viewed by staff and residents in new and unfamiliar surroundings:

“And there’s that issue of before you go into a care home, you’ve made your choices in a place that you feel safe that is your home, that you can be private in, that you can live your life the way you feel you want to live your life, and suddenly, for various reasons, through whatever it is that makes you need to go into a care home, your life suddenly becomes almost public in a way. (...)” (FG4, F2)

The second prominent theme was more solution-focused through promoting the visibility of older LGB people – making LGB residents’ lives, and related symbols of collective pride, more visible in care environments. Suggestions were put forward such as displaying pictures of same-sex couples in public areas or using rainbow flag stickers as markers of inclusion. Central to this was the way in which care homes marketed their services as ‘LGB-friendly’ to visitors and the broader public, as captured in these two quotes:

“ (...) are there any reasons why among all the pictures there couldn’t be for example, you know, a charming photograph of two elderly ladies or a couple of women or a couple of men, you know, just a signifier for the families as well as the

clients and the staff – maybe that this is something that is normal, expected... ” (FG2, F1)

“... Are there posters up saying “Bring any, you know, bring your friend or your partner” and have pictures of two older women, two older men, and a man and woman dancing. It’s this stuff that filters through. It isn’t someone standing up going “okay, are you gay? Are you heterosexual?” It’s those little things... ” (FG3, M2)

Accordingly, one of the study’s recommendations was to ‘enhance the recognition of older LGB people and sexualities within the care or nursing home’ (p. 4) by a number of strategies including displaying visual signs of positive recognition (for example pictures of same-sex couples) and making mention of LGB people in the home’s statement of purpose (Willis *et al.*, 2013). Similarly in their research report on the needs and wishes of older LGB people (55+), Stonewall (2011) advocates that ‘care homes should make their environments more welcoming by displaying images, posters and materials that reflect lesbian, gay and bisexual people.’ (p. 32). Following on from the above study, I have assisted an older people’s interest group in Wales to produce resources for care homes that promote older LGB lives and make LGB people more visible in these settings. In short, I have myself advocated this type of inclusion strategy and what follows is as much a self-reflective examination of the politics of visibility as a wider critical discussion.

The importance of making LGB lives visible is threaded throughout other practice documents and toolkits developed with the objective of improving the provision of LGB-responsive care in long-term care settings. Age UK’s (formerly Age Concern) guidance for care homes and extra care providers, ‘The Whole of Me’ (Knocker, 2006), acknowledges the various rhetorical strategies through which older LGB people are made invisible. Through verbal

expressions from managers and staff such as “We don’t have any gay people so it isn’t an issue for us” (p. 18) and “We would treat everyone the same anyway” (p. 18), social and sexual differences are at best unacknowledged or at worst dismissed as unimportant to the delivery of person-centred care. To counter this, ‘The Whole of Me’ proposes strategies such as displaying rainbow flags in public places and ensuring statements that recognise LGB residents are included in public-facing documents, such as service brochures (Knocker, 2006). Age UK Camden (2011) and the Alzheimer’s Society (2013) suggest similar approaches for showing ‘people you are LGBT friendly’ in social care organisations such as displaying images of same sex couples in promotional material and using the words ‘LGBT’ throughout agency literature. LGBT campaigning bodies in other nations have incorporated symbols of pride and collective identity as visible markers that can signify aged care services’ efforts to deliver LGBT-responsive care. In the Netherlands, the ‘Pink Passkey Programme’ (MOVISIE, 2012) uses the symbol of the pink triangle as part of its certified programme for recognising LGBT friendly practice while in Victoria, Australia ‘The Rainbow Tick’ programme (GLVH, 2016) uses six standards through which services, including aged care, are assessed and accredited as providing LGBTI- (note the addition of intersex adults) inclusive practice.

Visibility can be increased through numbers and data collection. Some guidance documents include estimates of the LGB population as a way of increasing recognition through population size. For example Wathern’s (2013) discussion paper on the inclusion of older LGB (and ‘T’) people in the delivery of housing with care states: ‘It is difficult to exactly assess how many LGBT people there are in the UK... However it is generally believed that 5-7 % of the population identify as LGB or T’ (p. 4). As indicated in this quote, estimating the number of LGB people across populations is difficult in the UK due to the lack of data being systematically collected through census and survey data (Ward *et al.*, 2010). Alongside

this is the challenge of identifying a population for whom sexual identity categories, or rather the social and cultural meanings attached to these categories, are continually shifting over time. Sexual and gender identities hold different meanings for different generations of LGB citizens (Cronin *et al.*, 2012). At an organisational level, LGB lives can be rendered visible through the routine collection of equality data about the people accessing services. In the context of housing for older people, Housing Lin (2013) recommends gathering data to ascertain ‘how many LGBT people live and work in an organisation’ (p. 9) – a strategy for formulating conclusions about how many people access services and what support they seek. This form of data collection can also be a basis for generating important questions about the reasons why LGB service users may not be accessing services or support.

My purpose in pointing to the above examples is not to critique these resources and recommendations – these resources provide valuable learning tools in a vacuum of professional development and training activity targeted at care staff and their managers. None of the documents above advocate these strategies in isolation and change is recognised as a part of a broader cultural shift in which good leadership plays a vital part. My observations provide background context for a wider discussion of the politics of visibility. What remains undetermined in the above recommendations is how staff, residents and visitors receive and interpret images and statements that aim to promote visibility, and how staff and residents respond to these signifiers. Further important questions are whether such signs and images shift the perceptions and beliefs of staff, and how effective these kinds of strategies are in instilling a more compassionate and person-centred approach to care. I now consider more closely the politics of visibility, the theoretical terrain, through the work of three key writers.

Theoretical terrain

Knowledge, power and visibility

Social historian Michel Foucault (1978) discussed sexuality as a historical construction and knowledge domain brought into existence through its classification and inspection across medical and legal domains during the eighteenth century. This body of knowledge has informed theories of sexual behaviour, rules of moral conduct, and frameworks for forming explanatory schemas of the erotic self. The ‘homosexual’ as an aberrant individual arose from what Foucault (1978, p. 105) discussed as the ‘psychiatrization of power and pleasure’, involving the medical classification of non-normative sexual desires and activities. Before this time, the ‘homosexual’ did not exist: ‘[it] was now a species (p. 43). Foucault surmised on the ways in which knowledge about sexuality and, indeed sexual identities, are created through the development of such knowledge schemas and the ways in which some people’s bodies, desires and relationships are made visible.

Intertwined with knowledge about sexuality is the importance of power, or what Foucault (1978) described as ‘bio-power’. As a productive force, power is inextricably linked with knowledge and ‘knowing’ about the individual subject: ‘...it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production’ (Foucault, 1977, p. 194). Foucault (1977) theorised power as a productive force that operates through the individual disciplining of the body and as a relational force exerted through a range of ‘disciplines’: ‘... a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets’ (p. 215). Power is neither a static force or solely possessed as ‘power is everywhere’ (Foucault, 1978, p. 93). Foucault (1980a) described the discursive organisation of power as ‘net-like’ as it encapsulated all human subjects. Foucault (1980b) emphasised the effects produced when individuals exercise power within ‘the field of application’. In this sense, power is productive; the exercise of power creates or produces particular subjectivities,

classifications, and forms of knowledge (Foucault, 1980b, p. 119). The exercise of disciplinary power does not aim to make visible what already exists. Instead, it forms the constitutive basis of particular kinds of subjects by bringing them into visibility.

Foucault (1977) identified one fundamental process to the application of bio-power and the construction of knowledge about the individual subject: the panoptic gaze. The panoptic metaphor is founded on Jeremy Bentham's conceptual design of the 'Panopticon'. As an architectural feature, the 'Panopticon' is depicted as a observational tower located within the centre of punitive institutions through which the observer can always observe each individually detained subject. The tower and surrounding cells are spatially organised so that the observed subject is always in light and therefore in view. Power is exercised through visibility in which the captured subject is constantly aware of an ever-present gaze but never able to determine whether or when they are under observation (Foucault, 1977). The observed subject becomes the 'bearer' of their own self-discipline by which they must govern their actions and internalise the ever-present gaze as 'individuals come to monitor themselves' (Chambon & Wang, 1999, p. 276). As Foucault (1977) elaborates: 'He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power... he becomes the principle of his own subjection' (p. 202-203).

Drawing on Foucault's work, Gail Mason (2002) has discussed the subjectifying effects of homophobic violence in the context of lesbian women's lives. In line with Foucault's arguments, Mason (2002) asserts that the exercise of homophobic violence constitutes a subjectifying process for knowing about certain sexual subjects – a process for making certain bodies visible in often painful and vilifying ways. Based on her interviews with Australian lesbians about their experiences of homophobic violence, Mason (2002) argues that the exercise of homophobic violence, often by male perpetrators, carries cultural messages that say something about the targeted body: '... the violence of homophobia

represents a body of knowledge that contributes to the recognition of “what” homosexuality is’ (Mason 2002, p. 109). On this basis, violence makes statements about its intended victim that can inform the victim’s sexual biography and understandings of the sexual self. Mason argues that motivations behind anti-lesbian violence cannot be separated from either gender or sexuality; ‘femaleness’ and ‘homosexuality’ converge in the one body. Anti-lesbian violence is a means of enforcing heterosexual relations, ‘feminizing’ the victim and punishing women’s bodies as polluted sites that require moral cleansing. Mason (2002) is quick to point out that this process of subjectification is never fully determining of the victim’s sense of identity. Following Foucault’s thread, the exercise of power may also manifest in resistance to oppressive actions and claims.

Notions of visibility and knowledge production are crucial to Mason’s arguments. Mason (2002) contends that ‘vision has long been a metaphor for knowledge’ (p. 83). To see certain subjects is to know about the subject. Visuality is a key dimension of knowledge production through which certain kinds of sexual subjects, including the homosexual, are produced (Mason, 2002). In negotiating the pervasive threat of homophobic violence and ensuring their personal safety, lesbian women and gay men construct what Mason (2001, 2002) describes as ‘safety maps’. Mason (2002) suggests that there are three key considerations to safety mapping: personal, spatial and temporal. Personal considerations include previous experiences of homophobic abuse or knowledge of others’ experiences of violence. Spatial considerations involve assessing the presence of individuals and groups in particular spaces, for example the group presence of young white men in an empty mall. Temporal considerations include the time of day and how long it will take to travel between locations. Homophobic violence does not have to be directly experienced for individuals to adhere to processes of safety mapping; it is the individual’s awareness of violence as an ever-present possibility that generates safety mapping (Mason, 2002). A familiar example is the routine

decision-making LGB people experience about displaying physical affection to partners in public spaces, such as kissing or holding hands. For older LGB adults who have lived through earlier decades when homosexual oppression was institutionally-supported and civil rights were a long-way off, this form of everyday decision-making may be even more acutely felt.

Visibility and representation

The third piece of this theoretical jigsaw is the work of Dharman Jeyasingham (2007) in critiquing the politics of knowledge and knowing about lesbians and gay men in the teaching of social work. Jeyasingham offers a critique of social work literature on sexuality which focuses on individuals and groups located at the social margins and their experiences of invisibility. In relation to lesbians' and gay men's lives, increasing recognition and visibility is a well-versed recommendation for enhancing knowledge and awareness of anti-discriminatory practice and sexuality in social work teaching and practice (Jeyasingham, 2007). Jeyasingham argues that claims to make lesbian and gay lives more visible may be inconsequential in destabilising dominant beliefs and ideas about the construction of sexuality in human relations and can serve to reinforce othering practices in which lesbians and gay men are still positioned (and known) as the sexual other, separate from, and potentially less significant to, heterosexual relationships.

Social work's knowledge about sexuality is often organised around categories of sexual difference, which can in consequence fortify systems of social hierarchy (Hicks, 2008). Other discourses of sexuality, such as service users' experiences of sexual pleasure and desire, are not acknowledged or at worst perceived as topics of risk and concern (Jeyasingham, 2007). Strategies of visibility do not necessarily engage with questions about how LGB individuals'

lives are made visible and represented to budding professionals such as social work students; these strategies can leave important elements of people's sexual lives unspoken. Within discussions of sexual citizenship and the clamour for equal rights and recognition, other authors have argued that too often lesbians and gay men are singularly represented as 'good citizens' in the pursuit of equal and civil rights (Richardson, 2000; Baird, 2006). This limited representation of what it means to be a socially responsible citizen relies heavily on heteronormative markers in which good gays and lesbians seek relationship equality (monogamous, long-term, two-people only), marital stability and potentially make good parents and caregivers. This confounds recognition that lesbian and gay individuals may not always be good caregivers, may not be emotionally invested in monogamous and long-term relationships or indeed may cause harm, injury and distress to others.

Promoting enhanced visibility as a strategy for organisational change does not fully grapple with the ways in which LGB people can be represented and known as particular kinds of sexual citizens. This potentially curtails a more holistic recognition of their needs, interests and wishes, inclusive of their sexual lives and histories. As Jeyasingham (2007) argues, a politics of visibility only succeeds in making the lives of marginalised individuals and groups visible while curtailing a deeper exploration of how knowledge about sexuality is constructed and circulated, including learners' ideas about how heterosexuality is lived and experienced. The diversity of older LGB people's sexual lives is not adequately grasped and for social care workers, inclusive of housing staff, these limited representations can lead to alternative assumptions being formulated that hinder the promotion of service users' rights. In the context of residential care, a hazardous assumption is that all older residents have fulfilled parenting or grandparenting roles during their lifetime or indeed are interested in the upbringing and care of children. We know from survey research in the UK that older LGB people are more likely to be childless in comparison to their heterosexual counterparts and

therefore cannot look to adult children for care and support in later life (Green, 2016; Stonewall, 2011). The last section of this paper takes a more wary stance (to coin Jeyasingham) towards the application of strategies of visibility in long-term care environments.

From theory to practice: what does it mean? Where to from here?

To summarise, making LGB lives visible in shared care environments may not always be a productive or affirmative strategy for increasing recognition of equal rights or for dismantling homophobic views and beliefs. Strategies of visibility can reinforce hierarchies of sexual difference, maintain othering ideas about sexual difference, and (inadvertently) provide a platform for the transmission of homophobic beliefs that associate LGB lives and bodies with notions of sin, immorality, uncleanness and pathology. On the basis of these arguments, it is prudent to reconsider the application of visibility strategies in care environments.

To begin with, any discussion about sexual diversity and LGB identities with residents and staff in care environments can bring with it prior memories of ‘subjectifying violence’ for LGB residents, to adopt Mason’s (2002) term.. Earlier experiences of homophobic violence within heterosexist climates can have disciplining effects for individuals and shape the ways in which LGB adults monitor and self-regulate their own expressions of identity and self. Lifecourse experiences of social marginalisation can have a detrimental impact on the physical and mental health of older LGB adults (Fredriksen-Goldsen *et al*, 2017; Emlet *et al.*, 2013). Consequently, older LGB adults may have formulated their own safety maps in care settings as individual strategies for remaining invisible and protected from the homophobic expressions of others.

Promotional activity about LGB relationships and life-histories within care environments, for example around community Pride events, can potentially bring heightened anxiety for some LGB residents (and staff) about the conversations such activity will ignite. Older LGB adults are not without individual agency and may seek to pursue these concerns directly through the channels available. However this can be emotionally and mentally-demanding and access to external advocacy is an essential requirement. Care staff and their managers need to be prepared and equipped to respond to homophobic-charged conversations and need to have some understanding of how these kinds of conversations impact on those who have previously experienced such forms of oppression and social exclusion. Visibility strategies need to be accompanied by whole-scale education and up-skilling sessions among staff teams so they are adequately prepared to challenge homophobic commentary and support those affected (if recognisable). Without this, visibility strategies may inadvertently reinforce oppressive and discriminatory attitudes if these beliefs are not sufficiently challenged.

The second area that warrants further consideration is to query whose lives and relationships are represented in visibility strategies and who is excluded. To take the suggested strategy of displaying images of same-sex couples, this relies on staff and residents having sufficient markers within the image displayed, and a degree of prior knowledge about these markers, to recognise two people of the same gender in an intimate relationship as opposed to a friendship or family relationship. It also invites questions about who is not represented in these pictures, for example same-sex couples where there are significant generational differences that can easily be interpreted and read along lines of kinship connection such as father-son/ mother-daughter/ uncle-nephew/ aunt-niece. A further critical question is how people in non-monogamous or polyamory relationships recognised and depicted. We also know that the life-histories of older bisexual adults are frequently overlooked within the 'LGB' identity umbrella (Jones, 2011). Pictures of same-sex couples can cloak bisexual

identities and biographies from view and it may not be easy for older bisexual men and women to recognise elements of their own lives in these kinds of images.

The third area for reflection flows from Jeyasingham's discussions about the limitations of visibility strategies for extending knowledge about LGB lives – how do we effectively tap into the prior assumptions and representations of LGB people held by staff and other residents? How do we invite staff and their managers to reflect on the ways in which they know about LGB identities and the representations they have previously invested in that support their assumptions? It is difficult to decipher how to represent and make visible LGB lives, identities and histories in care environments without first having a localised and in-depth understanding of the individual filters and subjective lenses through which people occupying the same environment will receive and interpret this information. This is where dialogical approaches to the social inclusion of LGB residents may be fruitful – the mutual exchange of personal narratives between LGB (and 'T') and heterosexual residents and between residents and staff (Leyerzapf *et al.*, 2016).

According to Leyerzapf *et al.* (2016) dialogue is a joint learning process for increasing understanding of the Other and in the case of older LGB adults can 'enhance the space to be different' (p. 20). Other authors have advocated similar approaches. Hughes (2016) has very recently discussed the use of conversational and narrative approaches to making dementia services more LGB (and T)-responsive while Cronin *et al.* (2012) have stressed the importance of biographical approaches to increasing understanding older LGB adults' life-stories. Dialogical approaches offer some potential way forward for exploring through mutual dialogue the assumptions and beliefs residents and staff hold about LGB people and indeed about sexuality and their own sexual selves. However these approaches rely heavily on the creation of safe and validating environments in which residents and staff feel sufficiently comfortable and supported to share intimate life stories. The input of external visitors to share

their life-experiences, for example through the form of older LGB-speaker panels, may be a more beneficial starting point. However speaker panels do warrant a note of caution for the ways in which LGB speakers (more likely to identify as lesbian and gay than bisexual) can reiterate formulaic coming out stories to audiences and neglect to convey the heterogeneity and diversity of individual life-experiences (Crawley & Broad, 2004, p. 50).

Conclusion

Through this paper, I have sought to problematise strategies of visibility in long-term care environments. A stark alternative to pursuing these kinds of strategies is to do nothing which is not the position I am advocating here. Instead I am inviting a deeper understanding about what it means to make LGB lives, histories and relationships visible and to critically reflect on what some of the consequences of this may be, whether for positive outcomes in making residents from diverse social backgrounds feel included and valued or for not-so-positive outcomes in providing a basis for others to reiterate homophobic beliefs. To be visible and to make the lives of others visible in shared residential settings is not a sufficient strategy on its own to shift individual views and attitudes and to foster more inclusive care environments. This discussion is of a conceptual nature and does not offer new empirical findings on this topic. At this point in time evaluative research is needed into the effectiveness of visibility strategies in housing and residential environments and the impact these kinds of strategies can have for both residents and staff. Longitudinal case studies would be a good starting point for gradually introducing different strategies, alongside the provision of support and training for staff, and capturing the perceptions and interpretations of stakeholders within these environments at regular time-periods. What is also lacking from this research-stream are the

voices of LGB adults living in care environments – their voices need to be heard to be able to fully understand the ways in which visibility strategies can be received and experienced.

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